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she desired simply by wishing for it. Sanapia evades the strictures of this tabu by circumlocutions when her daily routine dictates that she must ask an individual for some object or assistance.

The second "rule" which she acquired at this stage required that she must always be alone when she doctors. Once again, Sanapia views this as a recognition of the potential dangers which excessive supernatural powers possess for humans. The only individuals who could possibly be with her while she doctors are other eagle doctors or persons who Sanapia feels have Medicine which would protect them against the dangers of supernatural contamination.

Kardiner (1945:64) makes a comment relevant at this point when writing on the subject of Comanche notions of power and magic.

> Another interesting point in connection with power, probably unique with the Comanches, is that power might be obtained from the ghosts of medicine men. This was obtained through sleeping by the grave of the medicine man, not moving all night, no matter what terrifying thing happened. The ghost would then transfer the power asked for. Sometimes the sleeper would have a vision; in this the ghost did not come in human form but as a great wind and then a giant bird, which conveyed to him the power that he wanted.

Sanapia's discussion of the later stages of her training agrees with Kardiner's statement in general; however, some major divergences appear. Sanapia, through her Medicine song, is able to summon the spirits of her mother and uncle to her aid. She does not consider their appearance as the apparition of ghosts, however. To Sanapia, ghosts are totally evil entities. Ghosts are also unable to appear in human form since, in her opinion, their human forms decomposed at the place of their interment. Her mother and uncle appear to her looking exactly as they did during the time of her training. When they appear, they do not speak but rather employ hand signs to tell Sanapia that they have come to her aid.

She does not mention a Medicine man's grave as the location of the inevitable struggle with the ghosts, and she definitely does not feel that power is transmitted to her from ghosts. She does agree generally with Kardiner's mention of a "giant bird" as one of her power sources, though she does not believe that the Medicine bird is actually a ghost in another form.

In reiteration, Sanapia states that she received her initial powers through her mother and maternal uncle, and only later in her life was she honored with visitations by the eagle, her patron and guardian spirit. The four days and nights of seclusion and meditation, in her opinion, are in actuality a final test of a new doctor's ability to withstand the attacks of ghosts, and not a time when he is in a position to acquire further powers from a supernatural patron.

Final Test

Sanapia failed her final test. After her mother had explained to her what she could expect during her four-day ordeal, Sanapia was too frightened to go through with the vigil. She would spend the daylight hours sitting on the hill

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115 varied. Because of her supernatural powers and mercurial temperament, a certain
159 aloofness marks her relationship even with her friends. Only two old women,
157 women who grew up with Sanapia, seem to be able to overcome this barrier.
571 This aloofness is as much instigated by Sanapia as it is a reaction of others based on fear, or at least uneasiness in her presence.

Some Comanches exhibit a type of reaction to Sanapia which is interpreted by other Comanches as jealousy. Sanapia has a position and a skill which is denied to the majority of Comanches. Many of the younger and more acculturated though sympathetic Comanches consider her a likeable but eccentric old woman. She is considered ridiculous by many of the southern Comanches. Many Comanches, as well as neighboring Kiowas and Apaches, continue to represent her as sexually promiscuous, alcoholic, violent, and prone to excessive gambling. However, in all these cases her traditionalism and conservative Comanche beliefs are acknowledged, though they may be interpreted positively or negatively, depending on who is presenting the opinion.

A Kiowa woman offered the following opinion:

> She sure is a good old woman . . . pretty for an old woman too. I seen you with her bunch a lot so I guess you know what she is . . . what she does. I took my niece up to her once and she cared for her and got her well in a few days. I tell other people about how she took care of my little girl and they might go to see her if they get sick bad or if their family might get sick.

Another informant was less charitable in his evaluation:

> I don't know much about it. I've heard some of my people talking about an old woman who lives south from here. They say she can curse you if she wants to and make you sick. It's that woman you mention too. She supposed to be a bad one, but I never seen her. I don't believe that suff about curses myself but a lot of people . . . Indian people . . . do. You better watch out. They say she can do it.

Sanapia's Self-Concept

115 Sanapia is aware that some people laugh at her, and she does as much
159 as she can to eliminate this possibility, for she is an exceedingly proud woman.
156 Types of behavior which ostentatiously identify her as a *puhakut*, such as wearing a black kerchief or vocally demanding that others observe her tabu restrictions, are avoided by her for fear that others will think that she is "just a crazy old Indian."

Sanapia's opinion of herself remains quite high in spite of the pressures
115 that surround her. In the following account she describes how she brought a dead
159 niece back to life:
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755 I was doctoring my niece one time . . . the doctor gave up on her. She had cancer and liver. So the doctor, white doctor, gave up. They dismissed her from the Indian hospital and she went home. Somebody came to our house that after-

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noon and told us that L——— was dying. The doctor gave up. I told my husband, "Let's go see her." And we beat it down there and it was about five o'clock, late that afternoon. It was cold. When we got there she was just lying on her back like that . . . nobody was in the house except her. Her husband was gone and her children were all gone. She was white as a sheet. Her face was just white and her lips were blue. She didn't even notice me come in. I wake her up and said, "Are you sleeping? What's the matter with you?" She said, "I'm dying . . . going to die tonight. That's what the doctor told me. They dismissed me from the hospital. I'm going to die either tonight or tomorrow . . . just any day. Could you help me?" That's what she said. And I told J———, "You go get your brothers. I'll get her out of it . . . that's nothing. That cancer ain't nothing to me." And he beat it down there to his brothers and they come in right after dark. That night we soaked that deer hide . . . soaked it in water till it could get soft and they put it on the drum. And right there in the middle of town . . . she got a home in the middle of town and a lot of white people living all around her house. So I said, "Let's have this peyote meeting for her tonight . . . drum all night. Let me fix her up. She be alright." And so that night we had a drumming right there in the middle of town. And she was worse the next morning. I said, "This is too noisy. I don't like to doctor anybody in noisy place. Let's take her home." So we load her up and brought her down here to our place. That night we had another peyote meeting inside of the house and it was just pouring down rain and we had the meeting for her. Took that peyote and said, "Our fathers, way back in years . . . our grandfathers took this medicine, and they said that whenever anybody sick like that you just take this and chew it and then put it in your hands and let her swallow it . . . give her four at the start." And I done that. I prayed and I talked to that peyote just like I'm talking to you. I said, "If you don't get her well, I don't want you. If you not nothing, if you ain't got power, I don't want to use you anymore." God made me in this world and he gave me this power just like when he was here on land. Jesus went around blessing people and healing the sick and everything like that and I believe that I got the power in my hands. I believe I could get her well. So that night we had a peyote meeting and the second night we had another one and the fourth night . . . the fourth night she died. She just went out. She was blue . . . fingernails were blue and her lips turn blue. I told them, "Take that drum hide out." And they took it, rinse it out, squeeze it, and I said, "Give it to me." And I put it on her head. I rub her face with it, and four times I done that to her and then I sing my Medicine song. When anybodys dying and I doctor them that's the only time I sing that special song I got. So I said, "You all carry her and put her on my bed," and they carried her. I said, "You all stay out there in the front room." And they all stayed out there and it was still pouring rain. Everybody get out. It was raining out there and the wind was howling around. I sing this song and I fan her and I doctor her . . . give her that medicine. I don't know how many times I give her that. And after awhile she open her eyes and said, "I'm sure thirsty." And after that she got alright.

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Sanapia considers herself a slightly outmoded necessity in Comanche society. She knows that she represents an extremely ancient Comanche institution, and it is in that knowledge that her feeling of uniqueness rests; at the same time she can foresee the final end of her tradition. Many times, as we sat watching automobiles moving along a highway or observed the skyscrapers in Oklahoma City and Wichita, she would speak of the incongruity of herself and the twentieth-century world in which she lives.

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I just can't think how it came this way. Look at them cars. I remember when I never seen them before. And all those white peoples walking along, and those big buildings all around here. I don't like it here. My grandmother said this way would come and now here I am and she died long time back in years. Maybe I should be with her now because my way is getting no good up to today. Maybe I should be dead too. Even my own kids growing up like white peoples, and they think I'm just a funny old woman. I know they do! But I ain't got too many more years to go yet. And here, you, a white person, asking me all those old ways and my kids go around here and there and don't even talk to me about those things. It sure is funny, ain't it?

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accompaniment of constant, periodically recurring emotional states rather than an expression of an emotional state (Alexander 1948:7).

Heuristically, the concept of vegetative neurosis is disappointing for our purposes. It leads us nowhere, for it contains no aids to determine the meaning of expression, the expressive "why" of ghost sickness, for example. A conversion reaction (synonym: conversion hysteria), however, is a symbolic expression of a specific emotional state. It is essentially an unusual form of communication. A mode of symbolic communication, to function, must possess meaning for the group, that is, the relationship of the symbol to the referent must be accepted by group consensus. Thus, if it can be established that ghost sickness is a conversion reaction in Comanche society, the suggestion can be made that it acts as a form of communication. If we can identify the referents to the symbology being employed in this communication, we can perhaps decipher the message and determine the psychogenic roots of ghost sickness.

A person with conversion hysteria substitutes a symptom for a psychological conflict. "For example, a girl of eighteen goes blind in an examination, thinking, 'I don't see how I can pass this,' and four years later goes blind again when her bridegroom is ordered overseas." (Cobb 1950:1514). Physiologically, conversion is no different from any normal method of expressing emotion, such as weeping, laughing, and blushing. Hysterical conversion, however, is motivated by unconscious impulses. Motor paralysis is the most common symptom in such instances. It is also noteworthy that conversion symptoms often imitate organic illness, that is, they represent the patient's notion of disease process.

Thus, it can be seen that the physiological nature of ghost sickness, paralysis of voluntary muscles, can be considered as at least similar to the general complexion of the major manifestations of conversion reactions. However, the nature of the precipitating factors involved remains a problem. What is the content of the "psychological conflict, unconscious alien impulse, or unbearable idea" (West 1962:94) which could cause a conversion reaction in a Comanche individual resulting in ghost sickness.

The Victim of the Ghost

In my study of the Comanche ghost-sickness victim, I noticed that a definite attempt at emulative adaptation to white society which failed, the unendurable psychological state of cultural marginality, and an extremely intense desire for reintegration with the more traditionally oriented group were the three most prevalent themes preceding the onslaught of ghost sickness. The victim usually sprang from the traditional group; therefore he desired reintegration with that particular group. Also, though the victim may have initially naively desired to interact in only one institution of white society, usually the economic system, his traditional group automatically defines him totally out of their category. Absolute outcasting from the traditional group is not what really happens in every case; however, it seems to be what the ghost-sickness victim thinks happened. The ghost-sickness victim will feel extremely anxious under the conditions outlined. He

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does not consciously accept that he has done anything to deserve the negative treatment which he feels he is receiving from both white and Indian society. Anger toward white society and guilt feelings, perhaps based on his rejection of the Indian way, might arise in him. He has been judged inadequate by both the white and the Indian worlds. He belongs nowhere. An individual in this situation must act.

The next problem he must face is the method by which reintegration with the native group can be accomplished. For this type of individual it is not easy, for he desires to become totally like the group which he once rejected. He must dramatically convince himself as well as his traditional group that he is an Indian, that he belongs. Simply returning to the family locale and indulging in self-conscious identification with ceremonial forms, for example, is not enough. He must have no doubts about his adequacy as an Indian. He can no longer tolerate ambivalency, and he must be as acceptable to himself as he is to his parent group.

Indian-ness and Ghost Sickness

In contemporary Comanche society there is only one trait which is unequivocally and exclusively Indian—the ability to contract ghost sickness. "Blood" means nothing because of the great degree of intermarriage with other tribes and the Comanche's long-standing custom of incorporating white and Mexican captives into the family structure. Non-Indians can take part in Peyotism, dance in ceremonial dancing societies, and speak the Comanche language. A non-Indian, however, cannot incur ghost sickness. Therefore, to Comanches, someone who contracts ghost sickness must be a "real Indian."

The Efficiency of Ghost Sickness

Ghost sickness possesses several other characteristics which make it a very efficient disorder for the potential victim. It is socially visible; the ghost-sickness victim can wear the badge of his true Indian-ness on his face. It can only be cured by a native doctor. In this way the victim, by becoming the patient of the native doctor, states his faith in an extremely ancient Comanche institution. Because this doctor will no doubt cure him, the victim's faith is substantiated. Further, the Comanche community comes to the aid, succor, and support of the victim of the ghost—the common enemy. Associated with this fact is the function of the physical ugliness which the ghost victim possesses. By being so "pitiable," he can direct the course of his reintegration to a great degree through the Comanche institutionalized patterns of generosity and kindness to individuals who are in a pitiable condition. In this physical condition he can make personal demands which he could not make and expect to be carried out if he were not so afflicted. Also, since ghost-sickness symptoms are admirably suited to the requirements of conversion reactions, the affliction is manifestly ideal for the particular nature of the intolerable emotional state possessed by the potential ghost victim.

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Precipitating Factors

186 775 154 156 The precipitating factors to ghost sickness need not be as externally dramatic as those thus far presented. The drama and the trauma of these factors dwell within the psychological makeup of the particular individual involved. The contraction of ghost sickness can function as a psychic reminder to a Comanche that he is a Comanche. It can serve to reaffirm his ethnic identity. It may be a self-inflicted punishment by a native-oriented Comanche who begins to doubt his traditional culture. Ghost sickness has also served to dramatically solve generational tensions. A young person contracts ghost sickness to signal acquiescence to the parent generation's demands. However, all these factors are ultimately related to the disruptive influences of acculturation with the dominant white society.

186 775 154 156 184 177 The recently developed Comanche ghost complex appears to be a means by which certain Comanche individuals can circumvent the psychological impasses which have appeared as a result of the twentieth-century Comanche life situation. It is particularly beneficial for the traditional group for several reasons. If a Comanche individual chooses this means of relief, he is committed to return to the traditionalist fold. The ghost complex might be viewed as a selective net which the traditional group has thrown around itself. Those Comanches who are drawn into the conditions which lead to the emotional states in which they would unconsciously choose ghost sickness as an "out" are usually relatively sensitive and intelligent individuals and therefore valuable as group members. They would have to fully and traumatically feel their intolerable cultural and psychological position prior to ghost sickness. Those Comanches who approach these same conditions and who fail to react to them, or acculturate, or turn to such relief as alcoholism, would not be very valuable social components to the traditional group in any case. This "net" operates to more effectively retain the big fish, while it lets the little fish run.

186 775 154 156 184 177 562 The fact that men are afflicted by ghost sickness more often than women could be explained by several factors, particularly, the greater degree of independence ideally expected of men, coupled with the real economic dependence of men; in many cases, dependence on women. Women are more effectively controlled by the primary group, while Comanche men are expected to "act like men" in the face of economic difficulties and a white society which does not recognize them as men.

Change in Behavior

186 775 154 156 184 177 The behavior change exhibited by ghost-sickness victims from prior to the onset of ghost sickness until the termination of the cure corresponds with one of the desires which stimulated the victim to ghost sickness in the first place—total identification with the traditional group. They become model traditional-oriented group members, while, prior to ghost sickness, they behaved in a manner considered erratic, bizarre, or "crazy" by these Comanches.

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ents were, the teachers continued to accent the differences between the parents' behavior and what would be expected of the children when they left school. Dinning this into the children's ears for a dozen years or so without further plans for the future, the teachers sent them back to these same parents. Pride of parentage, pride of tribe, pride of language had been either destroyed or so badly weakened and eroded that the young Indian had nothing to step from with confidence.

Instead of seeking to make a place for himself, aiding his parents and tribe by using his training and education, the Carlisle Indian moved into his parents' camp. There, without self-respect and certainly with no hope for betterment lying ahead, he contented himself with living on his meager Grass Money and what lease money his allotment brought in, when and if it was rented.

At that time an agriculture lease brought in only $1.25 per acre, or $200 per year. In addition to the $200, the government required the lessee, as further compensation over the first five-year period, to fence the allotment with a four-wire fence with posts every rod, to break out a certain number of acres of sod for crops, to build a fourteen by twenty-eight box house with a shingle roof, and to dig and wall up a well at least forty feet deep, unless plentiful water was found at a lesser depth. Grass leases brought even less.

Land along the streams had been chosen by the Comanches for their allotments, and this gave them a monopoly on water, wood, and bottomland. Those with land along West Cache and Post Oak creeks also had a fine grade of sand to sell. These 160-acre tracts, one for each man, woman, and child living on a certain date in 1901, were the remnant of the millions of acres these Indians' forefathers had roamed over and ruled for many, many centuries.

No one expected the old ones to change their ways so radically as to try to learn to farm. But it was beyond my boyish understanding why the younger Indians fresh from school, some even with college rating, didn't try farming. Many of them had first class sandy-loam bottomland. They could look around them and see white families making a living on their upland farms, putting out orchards, and even adding a room to their houses now and then.

I discovered in time that a number of the old fellows were really going out of their way to be nice to me, and in lost pup fashion I responded. I thought little of it at the time, and took these friendships in my stride. Maybe I thought of them as my due. It wasn't